



PERIOPERATIVE NURSING/RN CLINICAL SITE CONFIRMATION

Saskatchewan Polytechnic
Regina Campus
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PO Box 556
Regina SK S4P 3A3
Fax: (306) 775-7760
E-mail: RegInbox.Regina@saskpolytech.ca

NOTE: If we do not receive this completed form within 15 days of the date on your letter of acknowledgement, your application will be withdrawn.

To finalize your application, we must confirm the clinical site to which you are applying.

You may choose only one clinical site. If you wish to apply to another site, you must submit another application with a fee.

Return the completed form to Saskatchewan Polytechnic Regina Campus with your application, or separately by mail, fax, or e-mail, as indicated above.

Last Name: _____ **First Name:** _____

Sask Polytech ID: _____ **Date of Birth:** _____
DD/MM/YYYY

Saskatoon

Regina

Signature

Date